

PRIORITY: BEHAVIORAL HEALTH

Goal 1: Increase awareness of behavioral health and suicide and normalize the conversation around these topics.

Objective	Strategy	Lead	Progress	Status
1.1 Support multi-sector partnerships to increase knowledge of and reduce stigma tied to behavioral health challenges.	1.1.1 Hold 11 Coalition meetings a year.	Lewis and Clark Suicide Prevention Coalition	On track	Ongoing
	1.1.2 Consider formalizing membership and governance structure of the Coalition.		Not a consideration at this point.	No progress
	1.1.3 Increase Coalition membership by 4 to include additional cross-sector representation of the community.		<p>LCSPC made recent additions, including a Criminal Justice Services staff member, a youth member with the Awareness Network and a member who is a professor at Carroll College as well as a newly minted QPR trainer.</p> <p>HPD Lt. Cory Bailey is set to start attending coalition meetings in April and Deputy Coroner Annie Kurtz was recently invited and has expressed interest. She also agreed to engage in a feasibility project for a postvention model. Linda Kinsey, the Native Connections Grant Director for Helena Indian Alliance, attended her first coalition meeting in March and has also been asked to work on the postvention model.</p> <p>The coalition will need to bring in more individuals involved in substance use work to address objectives 1.2.5 – 1.2.7</p>	In progress
	1.1.4 Expand use of technology to allow remote participation in Coalition meetings.		In response to COVID-19, all Lewis and Clark Suicide Prevention Coalition meetings are held via Zoom. Once meetings are held in-person, the coalition will allow members to continue to participate via conference call. It will also offer Zoom and in-person simultaneously	Ongoing

			(depending on logistics).	
	1.1.5 Expand staffing level for Coalition, using VISTA volunteer if possible.		<p>An AmeriCorps VISTA service member is currently working on the Safer Communities Montana lethal means project via LCPH and a variety of community partners. They started in late January.</p> <p>Additionally, the suicide prevention program applied for an extension of grant funding (\$125,000 per year for five years) to continue the coordinator's position. The program will keep an eye out for additional funding to expand staffing.</p> <p>The suicide prevention coordinator, the Prevention Team supervisor, and the County grant writer submitted the grant proposal on Feb. 5 to the Substance Use and Mental Health Services Administration (SAMHSA). If awarded, the grant will allow LCPH to continue the work conducted under the current SAMHSA grant that funds the coordinator's position. Additionally, if awarded, the program will expand its training reach to Jefferson and Broadwater Counties.</p>	Done & ongoing
	1.1.6 Identify needs to expand education and awareness work and secure funding to meet these needs.		<p>Throughout 2019 – 2021 the coalition has engaged various organizations for training. It continues its partnership with Helena nonprofit Awareness Network to offer incentivized education to the general public and parents. The partnership began in May 2020 with 145 people trained in the model QPR through this relationship.</p> <p>The coordinator continues to recruit trainers to meet the needs of the different sectors of the community. This allows these trainers to provide culturally competent education to the specific audiences they educate. This includes a QPR trainer with a degree in pastoral care who is set to deliver the model to local churches starting in April; and an anthrozoology professor/ animal trainer who will target veterinarians, the animal shelter, and other animal-related organizations. Veterinarians are identified as a risk group for suicide and an epidemiologist in Oregon published a paper on how many people experiencing ideation give up their pets at animal shelters before making a suicide attempt.</p> <p>Including these two trainers, four new and recertified trainers joined to the program</p>	Done & ongoing

			<p>to teach QPR and two additional Youth Mental Health First Aid trainers also were onboarded.</p> <p>Additionally, in response to COVID-19 restrictions, the Suicide Prevention Program/ coalition now offers many of its training programs virtually, including QPR, Youth Mental Health First Aid, and ACEs. Efforts are being made to add Mental Health First Aid for adults to this virtual menu.</p> <p>The coalition is working on a three-year comprehensive plan for suicide prevention in the county that features education and awareness. One strategy will likely be continuing Man Therapy through September.</p>	
	1.1.7 Develop a Coalition Communication Plan for external and internal partners.		<p>A new plan will be created through the development of the three-year strategic plan.</p> <p>A communication plan is in development for the Safer Communities Montana lethal means project that falls under the Mayor's Challenge</p>	Ongoing
	1.1.8 Expand public information campaigns focused on reducing stigma and increasing awareness.		<p>Another year of the Man Therapy campaign is being offered to the community, thanks to an offer to continue the program from Grit Digital health. The coalition is looking for an organization with the capacity to build it out beyond social media. St. Peter's Health has been approached.</p> <p>A campaign focused on lethal means, Safer Communities Montana), will begin running ads through Montana Radio Company's stations in early April.</p> <p>The Military Strong Campaign will start its third year in May. Plans for additional outreach to business associations will be carried out throughout the summer and fall.</p> <p>The coalition will look at other campaigns and efforts to expand awareness and decrease stigma as it works on a three-year plan.</p>	Ongoing

Objective	Strategy	Lead	Progress	Status
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1.2 Implement stigma-reduction and evidence-based mental wellness promotion and substance abuse prevention activities.	1.2.1 Improve access to identified, evidence-based, mental health training and education by increasing the number of active, certified trainers in the county.	Lewis and Clark Suicide Prevention Coalition	The coalition and suicide prevention program are recruiting new trainers to expand its reach with already available evidence-based mental health training and education. Please see objective 1.1.8	Ongoing
	1.2.2 Provide monthly trainings in mental-health promotion and suicide prevention for community residents.		Ongoing. As the last day of March, 3,943 people have received training since the beginning of the Mental Health Awareness Training Grant project in fall 2018. That is broken down to Work force Development (medical and mental health providers, first responders): 1,130. General Community: 2,813.	Ongoing
	1.2.3 Maintain and promote a Coalition calendar as the central location for all mental health, substance abuse, and suicide prevention training occurring in the county.		Calendar is updated at least twice a month.	Ongoing
	1.2.4 Develop a multi-level model that facilitates partner-agency participation in and communication about evidence-based training annually.		Ongoing.	Ongoing
	1.2.5 Identify a lead organization for substance-abuse prevention training in the county and develop a goal for the number of trainings offered annually.		No progress	No progress
	1.2.6 Identify evidence-based, substance-abuse education and training and appropriate audiences.		No progress	No progress
	1.2.7 Expand use of evidence-based, substance-abuse prevention strategies and trainings.		No progress	No progress
	1.2.8 Develop listings on the CONNECT referral system for mental health and suicide-prevention trainings so agencies can send referrals.		Completed	Completed

Other achievements/actions taken to enhance behavioral health awareness and reduce stigma.

The Coalition's lethal means subgroup, Safer Communities Montana, will roll out its campaign in April, starting with public-facing materials in public areas, businesses, the colleges, and at Fort Harrison. It will be accompanied by a radio campaign that will use new content that will also be pushed by St. Peter's Health during a one-month campaign focused on suicide prevention. The SCM campaign will continue for a 1-year-period. The project also received a ~ \$35,000 grant from the Montana Mental Health Trust and recruited an AmeriCorps VISTA to conduct project implementation and community engagement. Earlier in the year, the SCM team finalized and printed materials on lethal means to educate the community, along with tip sheets for firearm dealers, range operators, and pharmacists/pharmacy techs. Other objectives will be to provide QPR training to these gatekeepers, so they are empowered to slow down sales/rentals/dispensation if a client is exhibiting warning signs of a mental or emotional crisis. Additionally, SCM aims to provide Counseling on Access to Lethal Means education to medical and behavioral health providers. It will distribute gun locks and Detera Drug Deactivation Systems at pharmacies, medical and mental health offices among other locations. The public side of the campaign, including the radio ads, is intended to teach community members to lock up lethal means in general, but especially if a loved one is struggling.

The coalition and suicide prevention coordinator helped lead and organize an annual postvention event in November. The International Survivors of Suicide Loss Day brings loss survivors to find hope, understanding, resources, and connection. About 50 people attended the virtual event (normally held at the Capitol Building).

Following several suicide losses in the community, the coalition also began work on forming suicide attempt survivor support groups and a model known as LOSS Teams. The LOSS Team feasibility group will meet again in April to learn from a LOSS Team expert from Texas.

LOSS Teams are essentially mobile response to assist suicide loss survivors at the scene of a death. Typically staffed by volunteers – a behavioral health professional and a loss survivor following a year of healing – the team provides support, resources, and information to new loss survivors to engage them in care quickly. Postvention IS prevention.

Participants currently include two people from AFSP's healing conversations program who also run bereavement support groups, the population health manager from our local hospital, the president of Helena's local junior league (interested in fundraising), director of social services at Shodair children's Hospital, Behavioral Health Systems Improvement Specialist Jolene Jennings, a QPR trainer who just got a degree in pastoral care and has done bereavement support for kids, and the county deputy coroner. Lt. Cory Bailey from Helena Police Department is set to join the group in April and Linda Kinsey, the Native Connections Grant Director for Helena Indian Alliance, also was invited to participate.

Barriers to progress:

Lack of connection with those in substance use work to establish 1.2.5 – 1.2.7. However, that may be something that the Local Advisory Council on Behavioral Health is overseeing.

PRIORITY: BEHAVIORAL HEALTH

Goal 2: Provide access to behavioral health screening and adequate, effective, and integrated mental health and substance abuse treatment for every resident of the county.

Objective	Strategy	Lead	Progress	Status
2.1 Foster community-level leadership and partnerships to develop and implement a universal behavioral health screening and referral protocol for the county.	2.1.1 Identify a project lead.	Lewis and Clark Mental Health Advisory Council (LAC)	Jill Steeley is the project lead	Completed
	2.1.2 Develop an action plan.		Met with potential committee members. Once the committee is put together, we can start an action plan.	In Progress
	2.1.3 Map a process for universal screening.			Not Started
	2.1.4 Identify a physician champion to support universal access to screenings.		I have reached out to two different physicians who could be potential champions for this project. I have not heard back from them. We have identified two physicians to be champions for this project.	In Progress
	2.1.5 Convene providers to discuss increasing screenings and to select screening tools.		I met with two physicians and Julie Bir from LCPH to demonstrate the CONNECT Referral System. Although they really liked the functionality of the system, they are concerned about how much time it takes to enter data into the system to make the referral. They suggest that each primary care clinic and pediatric clinic have a person on-staff to do this data entry.	In Progress
	2.1.6 Develop a screening and referral protocol and toolkit that health-care and human-service organizations can use.			Not Started
	2.1.7 Distribute toolkit to all pediatric, primary care, and specialty providers and offer training in implementation.			Not Started

	2.1.8 Expand and track listings on CONNECT referral system for behavioral health screening and treatment providers.			Not Started
	2.1.9 Identify other service providers who could provide screening and referrals and provide them with the toolkit.		Discussed other potential service providers with the Montana Suicide Prevention Coordinator.	In Progress

PRIORITY: EARLY CHILDHOOD

Goal 1: Create a safe and compassionate community where we strengthen relationships, share our stories, and support each other.

Objective	Strategy	Lead	Progress	Status
1.1 Expand the work of the Elevate Montana Helena Affiliate to drive collective action related to addressing Adverse Childhood Experiences (ACEs) in the county.	1.1.1 Increase collaboration and engagement of current Affiliate members and recruit new organizations to participate.	Elevate Montana, Helena Affiliate	<p>6/20 Active recruitment simultaneous with Coalition Gathering.</p> <p>4/21 A coalition gathering was held 2/20. The purpose of the gathering was to bring awareness to all the coalitions in Helena, the work they do, and possible reduce duplication while increasing collaboration.</p> <p>EMHA maintains active recruitment, it is discussed at every meeting. Over the last 6 months we have had Montana Board of Crime Control, Juvenile Probation, Linking Systems of Care and Rocking Tree Farm join us. Our membership includes: Intermountain, Big Brothers/Big Sisters, Youth Connections, St. Peter's Health, Lewis & Clark County Public Health, United Way, ChildWise Institute, Military OneSource, CTI, Brightways Learning, Early Childhood Coalition, L&CC Suicide Prevention Coalition, the Local Advisory Council, and Rocky Head Start. Many of our members are also members of other coalitions in the Helena community.</p> <p>Much of the feedback since the Coalition gathering is that people are collaborating more. Those that attended say it was a positive experience that should be continued.</p>	EMHA's Strategic Plan includes Active Recruitment
	1.1.2 Ask key Affiliate members to identify and attend executive-level meetings in order to educate about ACEs and advocate for trauma-informed practices.		<p>6/20 Working on simultaneous with Coalition Gathering.</p> <p>4/21 This is an area that needs more attention. Minimal progress has been made. Big Brothers/Big Sisters has discussed adding ACE training to new staff training. St. Peter's</p>	Minimal progress

			Health is working on a systemwide resilience focused initiative, starting with leadership training by Andy Laue using STAR-T: Secondary Trauma Resiliency Skills Training.	
	1.1.3 Establish a work group to develop communication strategies and subcommittees within different sectors of the community.		6/20 Elevate Montana Helena Affiliate workgroup has been created and includes United Way, Zero to Five, ChildWise, RMDC, and St. Peter's Health. Working on a community coalition gathering and updating UWLCA directory as we do it. 4/21 Communication strategies and subcommittees within different sectors of the community have not been established. EMHA is a member of the SHIP ACEs working group to develop an ACEs Resource Website. EMHA workgroup will reconvene in April to work on this.	Some progress. Communication strategies and subcommittees within different sectors of the community have not been developed
	1.1.4 Create an inventory of current community initiatives related to ACEs and trauma-informed practices.		6/20 Community Coalition Gathering was held 2/13/20. 21 coalitions were represented which 80 attendees and connections to over 40 agencies and organizations. Information collected from coalitions and while many use ACE resources, none listed community initiatives related to ACEs and trauma-informed practices.	Completed 2/20
	1.1.5 Create and deliver surveys based on communication plan to assess knowledge and need for ACE awareness.		6/20 EMHA established a partnership with Mental and Social Wellbeing Workgroup, Healthy Communities Coalition of Lewis and Clark County to begin designing survey. 4/21 The survey was administered electronically by Linking Systems of Care who also collected the data. A link to the survey was sent out through EMHA's distribution lists asking that people pass it on to everyone they knew. 339 people participated in the survey Oct. 13 through Nov. 3.	Completed 12/20
	1.1.6 Compile survey data to establish baseline of knowledge and need.		6/21 Survey results were presented in two different formats and shared with EMHA's distribution list. EMHA reviewed results and developed 2021 strategic plan based on results. It needs to be noted that the survey and results were collected during a pandemic where people were isolating and just prior to a major controversial election.	Completed 12/20
	1.1.7 Develop strategic plan for implementation of ACE awareness and trauma-informed trainings.		6/20 EMHA, Zero to 5 and ChildWise have partnered to develop trainings and a list of businesses. Once data from the proposed survey has been collected, we can move forward with an official strategic plan. 4/21 EMHA's Strategic Plan has always focused on implementation of community	EMHA's Strategic Plan includes year round Community ACE/Resilience presentations.

			ACE/Resilience presentations. 2020 was slow but presentations were held for emergency childcare workers and Public Health students at Carroll College. 2021 has picked up considerably and there have already been 5 presentations including, CTI, The Hope Center, Self-Help Law Center Carroll College Public Health students and foster parents with Dan Fox Family Care program. A training has been scheduled for the end of April with L&CC Public Health employees.	
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Objective	Strategy	Lead	Progress	Status
1.2 Implement education and advocacy strategies to increase awareness of ACEs and use of trauma-informed practices throughout our county.	1.2.1 Implement ACEs trainings with large employers.	Elevate Montana, Helena Affiliate	<p>6/20 Started ACE presentations with the Sheriff's Dept. This will be an ongoing partnership. Need to identify largest employers then find out who's had training and who hasn't. St. Peter's Health has had pockets of training.</p> <p>Zero to 5, ChildWise and EMHA have partnered to develop "ACEs for Profit" a 6 Session training for businesses. Ascent Bank will be the first to roll this out. A list of businesses is being developed.</p> <p>4/21 Our pilot training for a business took place with Ascent Bank Nov. 11, 2020. There have been many changes since the last progress report. The training is now called Workplace CARES and is a collaboration between EMHA, the former Zto5 Collaboration Coordinator Jeff Buscher who is now the Community Impact Coordinator for United Way, and Former ChildWise Director Tina Eblen who is now with OPI. Development has started on marketing and rolling out to other businesses. This first training taught us much and we feel we have a thoughtful model to roll out to other businesses.</p>	Goal in EMHA's Strategic Plan
	1.2.2 Implement peer-to-peer learning opportunities based on compiled data and strategic plan.		<p>4/21 EMHA is defining what this means; whether it is business to business and/or parent to parent peer-to-peer training and has started compiling data on existing groups. Collaboration has begun with Joining Community Forces Camp IVY, information gathering point for peer-to-peer support for youth. Checking into Montana's Peer to Peer Network, Shodair's support groups, Amelia David, NAMI, and others.</p>	Research has started to develop strategic planning in this area.
	1.2.3 Partner with early-childhood initiatives to advocate the importance of trauma-informed systems with key		<p>6/20 We have members attending ECC and 0 to 5 Initiative.</p> <p>4/21 0 to 5 Initiative is no longer in operation in L&CC. EMHAs Chair is part of ECCs</p>	In progress.

	<p>policyholders.</p>		<p>leadership team. ACEs is integral to much of the ECCs Task Forces work. ECC is looking to apply for a Headwaters grant.</p>	
	<p>1.2.4 Develop a 5- to 10-year action plan that includes key community partners, strategies, and funding sources to measure the impact of efforts to reduce ACEs.</p>			<p>Not started, no progress.</p>
	<p>1.2.5 Re-survey community members to measure the success of our efforts.</p>		<p>4/21 The original survey took place during a pandemic where people were isolating and just prior to a major, controversial election which may have had an impact on the results. A decision has been made to wait until well after the pandemic has ended and restrictions lifted to do a follow-up survey.</p>	<p>Not started, but thought has already gone into this strategy.</p>

Other achievements/actions taken to advance knowledge of ACEs and trauma-informed practices.

EMHA joined CONNECT to receive referrals for training ACE/Resilience in small groups or one-on-one virtually or in person as restrictions are lifted. “Elevate Montana offers small group and 1:1 teachings on Adverse Childhood Experiences (ACEs) and how toxic stress interrupts one’s life. These free sessions will cover the basics of ACEs and resilience, and can support individuals in their healing. While not therapy sessions, the sessions can be considered therapeutic education. Based on a client’s interest, we can schedule 1:1 or wait until a small group of interested clients are ready and schedule a time then.

Although the “Handle with Care” bill did not pass the Montana Legislature, we believe it served to educate legislators. We will not let this failure stop us; however, we will review what other states have done and come back stronger in 2023!

Barriers to progress:

Because of the pandemic many people have been working from home. Being able to drop in at offices and chat has been sorely missed. That one-on-one connection is so important.

PRIORITY: EARLY CHILDHOOD

Goal 2: Increase access to and knowledge of high-quality childcare and early education options for all families in the county.

Objective	Strategy	Lead	Progress	Status
2.1 Ensure meaningful partnerships among early-childhood coalitions and stakeholders.	2.1.1 Define goals for Zero to Five Initiative and the ECC.	Early Childhood Coalition (ECC) and Zero to Five Initiative	<p>The ECC Leadership Team and Zero to Five Lewis & Clark Co. Local Collaboration Coordinator (Zt5 LCC) have met, and the ECC Coordinator and Zt5 LCC have also met, to discuss several aspects of partnering including goals as articulated in the respective organizations' plans. They will continue their ongoing discussions. The ECC Leadership Team and its individual Task Forces met in the Fall of 2019 and evaluated current goals and strategic plan. New priorities were set, and the strategic plan will be approved in December of 2019. The Zt5 Design Team has established its Governance Documents (Mission, Vision, Values) and will be setting goals during the November and December meetings. Generally speaking, both groups have very similar mission, vision & values.</p> <p>6/20 Zt5 /ECE task Force created a 2019-2024 work plan</p> <p>4/21 As of 11/6/2020, Zero to Five is currently not funded or executing work in Lewis & Clark County. There is community effort and input from member orgs to reapply for funding from Headwaters. The key focus area and its goals may change according to community input.</p>	Complete
	2.1.2 Define relationship between Zero to Five Initiative and ECC.		<p>See progress noted above, with the addition that the discussions have included defining the relationship between entities. We are currently discussing and researching ways these groups will partner and add value to the work being done in the area of Early Childhood Education.</p> <p>6/20 Zt5 & Early Care & Education Task Force formally merged and an MOU signed by Zt5 and the ECC Leadership Team in March 2020. ECC & Zero to Five are working well together. Zt5 LCC attends all ECC task force meetings and serves on the Leadership Team. Zt5 is Funding the</p>	Complete (relationship has changed)

			<p>Vista Volunteer for ECC and both have responded to various needs related to the COVID19 crisis in relation to Children's & Family's needs across the Lewis & Clark Area.</p> <p>4/21 The ECC and its leadership team is continuing to execute against the 2019 – 2024 work plan. With the dissolution of the Zt5 effort, the Early Care & Education Task Force also lost leadership and momentum. The ECC will work to reestablish this task force without the dependence on Zt5.</p>	
	2.1.3 Include caregivers in Zero to Five pathways group.		<p>Zt5 is still meeting and talking with caregivers and childcare directors with the intent to include them on the Collaborative Team starting Jan. 2020</p> <p>6/20: Zt5/ECE TF has caregiver representation and will continue to recruit for additional representation. Feb. Collaborative meeting there were 4 Childcare Providers present. In March, just before Covid19, Zt5 hosted 2 happy hour events with 8 Childcare Providers in attendance. During COVID19 Zt5 regularly provided operating providers with donuts and a thank you for their service to the community. Continue to network, developed a list of providers in the tri-county area to post on website this month.</p> <p>4/21 Zt5 Pathways group no longer exists. The ECC will continue to grow caregiver representation in its general and task force memberships.</p>	Suspended
	2.1.4 Commit to gather and share data between Zero to Five and ECC to quantify need.		<p>ECC's Coordinator and the Zt5 LCC have informally agreed to share information. The ECC Coordinator shared results of the SMECS survey conducted by Bloom consulting (see below), and the Zt5 LCC has agreed to share results of its 0-5 family survey currently being conducted. The two entities will continue to share information, and utilize this data to set goals for future projects together.</p> <p>6/20: Zt5 Completed and shared results from two Surveys: Over 300 parents surveyed for Family Challenges and a COVID19 State-wide response Survey done by Zt5 State Office was shared with ECC.</p>	Complete

			<p>4/21 ECC membership participated in Montana VOAD and development of Enhance MT survey about child care, also presented to general meeting. Information from recent Zero to Five surveys will also be made available to leadership team – network mapping.</p>	
	2.1.5 Commit to meet twice a year to define actions and avoid duplication of efforts.		<p>ECC and Zt5 have committed to meet at least twice a year for this purpose.</p> <p>6/20: This occurs during regular monthly meetings.</p> <p>4/21 Goal was met before dissolution of Zt5.</p>	Complete
	2.1.6 Support development of a communication system to enhance community knowledge of quality child care and early education.		<p>In recent strategic and work planning, ECC and its Early Care and Education Task Force (ECETF) have prioritized improving community knowledge of quality childcare and early education, and the topic was recently discussed at the November general membership meeting as well. Among other things, the ECETF plans to continue and expand its Week of the Young Child activities and to develop a pre-kindergarten calendar for parents to know important dates. Zt5 and ECC are coordinating efforts in developing communications plans.</p> <p>6/20: ECE TF produced a flyer for parents including specific dates for elementary school registrations and screenings for incoming Kindergartners. Due to COVID-19 WOYC and other projects were put on hold and still in progress. Both ECC & Zt5 have upgraded their Websites in an effort to make resources more accessible. Zt5 provided Yard Signs at 4 Elementary schools, resulting in greater numbers registering for Kindergarten for the fall of 2020. Zt5 & ECC has hosted multiple viewings of the Documentary No SMALL Matter for Childcare Providers and Parents in the Lewis & Clark Area.</p> <p>4/21 Bright by Text process implemented in fall 2020, with input from subgroup (HMHB, Aware, Child Care Connections) promoting local resources in addition to child development tips. 56 parents are currently signed up. Connecting on payment options with director at Yellowstone United Way but still contributing monthly local resources.</p>	In progress

Objective	Strategy	Lead	Progress	Status
2.2 Implement systems-change activities to increase access to high-quality child care and early education.	2.2.1 Review the “Strengthening Montana’s Early Childhood Systems” parent survey, conducted by DPHHS in 2019, to assess child-care needs.	Zero to Five Initiative and Early Childhood Coalition (ECC)	The ECC and Zt5 Coordinators have reviewed the survey. This information, along with specifics from our current survey in L&C County, will be foundational as we create action plans for the coming year.	Complete
	2.2.2 Develop community goals to address child-care needs identified in the survey.		<p>ECC will work with Zt5 to develop community goals once the 0-5 family survey is completed and its results have been assessed and incorporated with the SMECS survey. ECC has currently set its own priorities in its most recent Strategic Planning session. These goals/priorities will be the focus for 2019-2024. Zt5 goals will be established in mid-December.</p> <p>6/20: Following Zt5/ECE TF merge the ECETF 2019-2024 work plan was adopted by the full task force. Zt5/ECE TF is beginning to define funding priority and distribution based on work plan.</p> <p>4/21 ECC will continue this work. With influx of CARES 2 and ARPA funds, indicates an opportunity for greater partnership between state & Early Care Task Force.</p>	In progress
	2.2.3 Develop toolkit to educate employers on employee-sponsored child-care models.		<p>The ECC Coordinator attended a recent webinar training by Kim Coontz of the California Center for Cooperative Development, which was made available by the coalition coordinator for the Flathead Reservation and Lake County, and shared information from that presentation including handouts with the ECC Leadership Team. The Zt5 Coordinator also attended the webinar training, in addition to an in-person training in Ronan the day before, and agreed to share materials. These trainings and materials will likely be the basis for any toolkit given to employers. Zt5 will also be following up on the “Business Summit” sponsored by the State Zt5 Office in May of 2019, with the goal of encouraging local businesses to sponsor existing childcare facilities.</p> <p>6/20: Materials for Businesses is available on the Zero to Five Basecamp. Zt5 L&C has access to these tools and has shared basic info at Helena Chamber of Commerce.</p>	Complete

			Expanded Tool Kit is in process.	
			4/21 Executed at state-level of Zero to Five: Family Forward Montana.	
	2.2.4 Host forum on employer-sponsored child-care models.		Kim Coontz suggested that the first step of an employer-sponsored child-care model is to assess the current situation, including existing care providers, parent survey data, and employer input. The ECC Coordinator and Zt5 Coordinator have discussed the option of addressing this issue with the local Chamber of Commerce director to get her input about the best way to proceed in building relationships with employers generally and introducing the topic to employers (survey, forum, etc.). As noted above, an initial introduction was held for businesses in May of 2019. Zt5 will be doing follow-up work in 2020 along with a preview of the movie, "No Small Matter" which promotes the importance of quality childcare for healthy community development.	In progress
			6/20: "No Small Matters" virtual viewing in April 2020 with 20-25 viewers with discussion group after. In person viewing scrubbed due to COVID19. Virtual Viewing was held in April. Over 25 childcare providers participated.	
			4/21 Executed at state-level of Zero to Five: Family Forward Montana, with videos available on website. Also connected to MBAC which is exploring opportunities for employer sponsored child care in Helena.	
	2.2.5 Research child-care cooperative models.		See above. Kim Coontz's information included descriptions of different models and the level of commitment required by employers and/or parents and other community members for each.	In progress (Ongoing)
			6/20: Family Forward materials list 3 tiers of practices that might be embraced by local employers, including Co-Op Models as well as sponsorship and on-site childcare facilities.	
			4/21 Performing ongoing research to support above information.	

	2.2.6 Support emerging and newly funded early-childhood initiatives.		<p>The ECC and Zt5 will support emerging and newly funded initiatives. An ECC Leadership Team member recently met with a Department of Corrections (DOC) employee to discuss similarities between the new home visiting program in Lewis and Clark County providing parenting support and home visiting to incarcerated individuals with children 0-3 and the caregivers of their children and parenting skills program and the DOC's new grant-funded program for parenting skills in prison. The ECC Coordinator has invited the Director of the Office of Public Defender to speak at a meeting about her office's use of Title IV-E funds to provide legal representation to children in foster care or candidates for foster care and their families. ECC is also aware of the opportunity for new state funding for early childhood offered through the Strengthening Montana's Early Childhood Systems grant that was submitted in October of 2019. Zt5 is also exploring ways to utilize its own funding and invest it in ways that will lead to systemic change that enhances the goals of both the ECC & Zt5.</p> <p>6/20: ECCLT secured Connecting ECC and SUD grant through partnership with HMHB.</p> <p>Zt5 funded Kinder-Camp district wide.</p> <p>Zt5 funded summer backpack program at Warren Elementary for incoming Kindergartners.</p> <p>4/21 Circle of Security classes offered to home visitors and CPS workers to create a common language between providers and parents in Helena.</p>	In progress (Ongoing)
	2.2.7 Repeat "Strengthening Montana's Early Childhood System" parent survey to track progress and emerging needs.		<p>This has not been started yet. The State Survey was completed in the Summer of 2019 and results were shared with stakeholders in Fall of 2019. A local survey will be done in the following years.</p>	Not started

	2.2.8 Promote CONNECT referral system as a resource to find quality childcare and early education.		<p>The ECC's Home Visiting Task Force (HVTF) meeting in October included a training by a CONNECT expert from the county. Both the HVTF and Maternal Mental Health Task Force have identified promoting and enhancing CONNECT referrals in their plans.</p> <p>6/20: All programs represented on HVTF, including CFSD, are on CONNECT. Next step is to embed CONNECT into program practices.</p> <p>4/21 Referral process exists through Child Care Connections. Strategy recommended to change to state "Promote CONNECT referral system as a resource for child care and early education providers to refer families to local services."</p>	In progress (Ongoing)
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PRIORITY: IMPROVING ACCESS AND REFERRALS TO SERVICES

Goal: Create a seamless system for referrals to all health and human-service programs in the county that support an intentional and strategic culture of collaboration.

Objective	Strategy	Lead	Progress	Status
1.1 Increase adoption of the CONNECT referral system by health and human-service providers.	1.1.1 Identify potential CONNECT users by determining which organizations frequently receive referrals.	Community Action Team and local CONNECT coordinator	<p>Nov 2019: Referral mapping (gathering information about referral partners from agencies) has been conducted with new agencies onboarded on CONNECT, and was also conducted with the agencies attending the CONNECT celebration. This will be planned on a larger scale at the community meetings in December or January.</p> <p>June 2020: Referral mapping continues to be done with new agencies.</p> <p>March 2021: Referral mapping continues to be done with new agencies.</p>	In progress
	1.1.2 Partner with 2-1-1 to strengthen the system for agency-to-agency referrals.		<p>Nov 2019: United Way staff are determining roles, and once that is completed, the CONNECT Coordinator will begin discussion of this item with UW staff.</p> <p>June 2020: Not started yet.</p> <p>March 2021: No new updates from</p>	Not started

			CONNECT.	
	1.1.3 Partner with 2-1-1 to develop a joint communication plan that includes success stories, media engagement, agency champions, and information from focus groups.		<p>Nov 2019: United Way staff are determining roles, and once that is completed, the CONNECT Coordinator will begin discussion of this item with UW staff.</p> <p>June 2020: Not started yet.</p> <p>March 2021: No new updates from CONNECT.</p>	Not started
	1.1.4 Assess who is currently using CONNECT and identify champion agencies to recruit new users.		<p>Nov 2019: This is ongoing work of the CONNECT Coordinator, but this item has not been started in a systematic way.</p> <p>June 2020: No change.</p> <p>March 2021: The CONNECT Advisory Board will hopefully keep solidifying and this can become part of the work.</p>	In progress
	1.1.5 Include a requirement to use CONNECT in grants provided by local funders.			Not started
	1.1.6 Research the feasibility of expanding CONNECT to private businesses.			Not started

Objective	Strategy	Lead	Progress	Status
1.2 Work with CONNECT referral partners to ensure optimal use of the system.	1.2.1 Develop a communication plan for current and potential users about confidentiality safeguards, engaging agency champions from various sectors who use CONNECT.	Community Action Team and local CONNECT coordinator	<p>Will start in Year 2. Some of the information needed for this would come from the state. State CONNECT staff may be more available for this in Year 2.</p> <p>March 2021: A formal communication plan has not been started, but the newsletter platform MailChimp is now being used for communication about CONNECT updates and lunch and learns.</p>	Not started
	1.2.2 Identify meaningful outputs to report to CONNECT users, including qualitative and quantitative data and success stories.		<p>Will start in Year 2. Some of the information needed for this would come from the state. State CONNECT staff may be more available for this in Year 2.</p> <p>March 2021: This is an informal part of discussion at the CONNECT Advisory Board.</p>	Not started
	1.2.3 Develop an orientation module for new staff who will use CONNECT.		A training video is being produced by the Department of Public Health and Human	In progress

			Services (state CONNECT). March 2021: A training video is available on the CONNECT website: https://connectmontana.org/about-connect/training-resources/	
	1.2.4 Assess existing agencies/users and identify who needs additional support to optimize use.		This is ongoing work of the CONNECT Coordinator. March 2021: Hoping to bring this to the CONNECT Advisory Board to look at a survey or other efforts based on CONNECT reporting data.	In progress
	1.2.5 Identify champions and communication leads within each partner agency.		This is ongoing work of the CONNECT Coordinator.	In progress
	1.2.6 Regularly communicate with and convene key partners, including providing ongoing training on issues like care coordination and sustainability.		June 2020: CONNECT Coordinator began hosting monthly lunch and learns over Zoom starting in February. At the lunch and learns, representatives from 3-5 agencies in a particular subsector present about their services. The goal of the lunch and learns is to increase CONNECT users' knowledge of the various agencies. The Coordinator also provides relevant updates about the system. March 2021: Lunch and Learns are continuing, but focus is not on care coordinator or sustainability. This can become part of the work of the CONNECT Advisory Board.	In progress

Other achievements/actions taken to advance access and referrals to services:

The Coordinator has been meeting with existing CONNECT agencies to assess usage and assist them in using the system more easily and frequently.

The Coordinator held a community meeting in January 2020 to present to a broad audience about the CONNECT system. Many prospective and current agencies attended to learn more about the system.

The Coordinator started holding monthly lunch and learns over Zoom in February. The lunch and learns are an opportunity for CONNECT users to learn about CONNECT tips and hear from featured CONNECT agencies.

The Coordinator worked with the Consilience Institute to advertise a training over Zoom on CONNECT. The partnership came about through the Behavioral Health COAD (Community Organizations Active in Disaster), citing the need to encourage behavioral health providers to join CONNECT to streamline the process in the

community of how to locate providers with available appointments. The training was Friday, June 6. As of June 10, three private practice therapists have sent in their forms to be added to CONNECT.

Barriers to progress:

Helena Transitions Coalition, coordinated by Amber Rogers from Mountain Pacific Quality Health, will be the lead team. The coalition met in January, and skipped February due to illness and March due to COVID-19. A small group met virtually in April. May's meeting was skipped because of the Mountain-Pacific Quality Improvement Collaborative Kickoff Event. Because many partners in the group are from agencies which have been heavily impacted by COVID-19, there has not been the time to meet and discuss CONNECT that was anticipated.

In January, the group conducted a survey for members about their knowledge and use of CONNECT. We will use the survey information as a baseline for measuring change in knowledge and comfort speaking about CONNECT. Going forward, we will proceed with reviewing the survey and moving forward with training members of the Care Transitions Coalition when coalition members have more time to meet.

March 2021 updates:

While the Helena Transitions Coalition was not a fit for the lead team, a distinct lead team was convened in fall 2020. The new lead team has 15 members, listed below.

- Amber Rogers, Account Manager, Mountain Pacific Quality Health
- Barb Reiter, Jefferson County Prevention Specialist & DUI Task Force Coordinator, Jefferson County Public Health
- Brian Huff, LCSW, Owner, Camp Creek Counseling
- Emily McVey, Executive Director, United Way of Lewis and Clark County
- Haley Erickson, Home Educator, AWARE Early Childhood Home Visiting
- Harley Brown, Health Justice Project Coordinator, Montana Legal Services Association
- Haylie Wisemiller, Population Health and Community Education Specialist, St. Peter's Health
- Jaymie Hazel, Head Start Manager, Rocky Head Start
- Jenny Wallace, Executive Assistant, PacificSource Health Plans
- Kelli Swanson, Provider Network Management Director; and Jesse Zentz, Manager of Community Relations, Blue Cross Blue Shield of Montana
- Leah Lindgren, Manager, Helena Office of Juvenile Probation
- Mary Pierce, Home Visiting Supervisor, Lewis and Clark Public Health
- Megan Peters, AmeriCorps VISTA, Early Childhood Coalition of the Greater Helena Area
- Nicole Palmer, Prevention Specialist, Jefferson County
- Sarah Sandau, Prevention Program Supervisor, Lewis and Clark Public Health

Outreach to Jefferson County began in winter 2021 with a community meeting held over zoom on March 5, 2021. CONNECT is also included in the Jefferson County CHIP in the Mental Health Priority Area. The objective is: "Over the next 3 years, decrease the percentage of Jefferson County youth who report depression on the

Youth Risk Behavior Survey (YRBS) from 41.5% to 36%.” Strategy 1.2 is “Routinely screen youth for depression and refer those who indicate depression symptoms to a local mental health provider. (Screenings can occur through sports physicals with Primary Care Practitioners or through screening within schools.)” The Performance Measure is “50-75% of youth will be screened for depression through the school districts by December 2023.” Responsible parties are: Center for Mental Health, CONNECT Platform, Mental Health LAC, School Systems, Health Department.

Funding has become the priority for much of the work of the CONNECT Coordinator, and discussions and partnerships are in development for various grants. Efforts to secure funding include:

- applied for the HRSA Healthy Tomorrows grant (denied, but score of 90)
- included CONNECT in the SAMHSA Mental Health Awareness Training grant (submitted February 2021)
- conversations with Montana Healthcare Foundation
- applying for Cigna Health and Well-being grant in partnership with St. Peter’s Health, and others to be determined
- applying for community grants from local businesses
- including CONNECT in the County Tribal Matching Grant
- discussing with agencies on local Lead Team about whether their organizations can pitch in, but so far this is not feasible for them